

PRE-TAX PARKING/THIRD-PARTY ADMINISTRATOR/REIMBURSABLE ACCOUNT ENROLLMENT

DPA 682 (12-01)

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Instructions: Read this form fully and carefully before proceeding to enroll. Please type or print clearly. Return the completed form to your department's personnel/payroll office. Questions regarding completion of this form should be directed to your personnel/payroll office. See privacy notice below. To establish a new Pre-Tax Parking Reimbursement Account, complete this form, mark 1.A., and enter the amount in item #5 you want to have deducted each month from your paycheck and deposited in your reimbursement account. To change an existing enrollment, mark 1.B., and make the appropriate changes. To cancel your enrollment, mark 1.C. Process this form with your payroll/personnel office.

1. ENROLLMENT ACTION (check appropriate box) A. <input type="checkbox"/> New Enrollment C. <input type="checkbox"/> Cancel Enrollment B. <input type="checkbox"/> Change to Enrollment		2. SOCIAL SECURITY NUMBER 3. NAME (First, Initial, Last)	
BENEFIT ITEM	4. For SCO Use Only DED/ORG CODE	5. MONTHLY AMOUNT TO BE DEPOSITED TO ACCOUNT	
Third-Party Parking Reimbursement Account	361-001	\$ [Not to Exceed Maximum Limits, Internal Revenue Code (IRSC) Section 132]	

6. Note: This form is not for use by employees using General Services parking, any department-sponsored parking, or other parking beginning with deduction codes 050 or 360.

Read carefully and sign below: I hereby agree to voluntarily participate in a third-party administrator deduction program for reimbursable parking under Internal Revenue Code (IRSC) Section 132 and to comply with Internal Revenue Service law and regulation. By taking this action, my monthly pay will be reduced by the amount specified above, so the State of California may set aside reimbursable amounts, as I have specified. I understand that requests for reimbursement must be for eligible expenses incurred after the effective date of my participation in the pre-tax parking program; that my deduction will continue until I take action to change or terminate this deduction; that I may be reimbursed only for qualified parking expenses, as defined under Internal Revenue Code (IRSC) Section 132; and that any unclaimed amount remaining in my pre-tax parking account can only be paid to me for qualified expenses under Internal Revenue Code (IRSC) Section 132, while employed by the State of California. I have reviewed the information describing the State of California's third-party administrator parking reimbursement program, authorized under Section 132 of the Internal Revenue Code (IRSC), and agree to the terms and conditions of the program.

EMPLOYEE SIGNATURE	DATE SIGNED
<div style="position: relative;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background-color: #f0f0f0; border: 1px solid black;"></div> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black;"></div> </div>	

AGENCY USE ONLY			
7. EFFECTIVE DATE OF ACTION MO DAY YEAR	8. EMPLOYEE CBID	9. AGENCY CODE	10. UNIT CODE
11. REMARKS		12. AGENCY NAME 13. AUTHORIZED AGENCY SIGNATURE I hereby certify under penalty of perjury as follows: that I am the duly appointed, qualified, and acting officer of the herein-named agency; that I am authorized to make this certification; and that the employee named herein is eligible for enrollment in the State Parking Reimbursement Account.	
		15. DATE RECEIVED IN EMPLOYING OFFICE (mo day year)	
		14. TELEPHONE NUMBER (Indicate CALNET or Give Area Code)	

PRIVACY NOTICE: The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. The State Controller's Office and the plan administrator use information on this form for the purposes of identification and document processing. It is mandatory to furnish all information requested on this form. Failure to provide mandatory information may result in the claim not being processed, nonpayment of the claim, or the claim being processed incorrectly. The State Controller's Office requires an employee's social security number and name for identification purposes. Legal references authorizing maintenance of this information include Government Code Sections 1151 and 1153; Sections 6011 and 6051 of the Internal Revenue Code (IRSC); and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act.